

Title of paper:	Clinical Quality and Patient Safety Report
Meeting:	Governing Body, 29 th November 2013
Author:	Eileen Clark, Head of Clinical Quality
Email:	eileen.clark@surreydownsccg.nhs.uk
Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development

This paper has been developed to give assurance to the Governing Body about the quality and safety of services that we commission. Recent experience has shown that assurance cannot be gained through the use of hard data alone. Therefore, the CCG has developed a range of measures that includes soft intelligence and information from patients, staff and the public and gives an early indication of failures in the quality and safety of service delivery.

Matters contained in the report have been discussed at the Clinical Executive Committee and at the Clinical Quality Committee on November 7th where committee members agreed the issues that should be escalated to the Governing Body.

Executive Summary and Key Issues

This report is to inform and provide assurance to the Governing Body about the quality and safety of service provision commissioned by NHS Surrey Downs CCG (SDCCG), including hosted services.

The report extracts areas of progress, concerns and actions taken from SDCCG Clinical Quality and Patient Safety Report (November 2013) overseen by SDCCG Clinical Quality Committee.

Key Issues to Note

Section 2.3: Concerns about the quality of the South East Coast Ambulance Trust (SECamb) service were discussed at the November meeting of the Clinical Quality Committee. The Committee noted the measures being taken by the CCG but agreed that a more robust approach was required to escalate the issues to the SECamb board.

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Section 2.4: The CCG has taken a number of actions to hold both the Surrey and Borders Partnership Foundation Trust and the Lead Commissioner to account for measurable improvements in the quality and safety of the services that are delivered to our patients, following receipt of some local intelligence which was confirmed by the publication of 8 inspection reports by the Care Quality Commission.

Section 3.1 : As reported in the Integrated Quality and Performance Report to the 7th November meeting of the Clinical Quality Committee (September data), there continues to be an increased occurrence in the number of Health Associated Infections with Surrey Downs CCG being over the trajectory required to achieve the objectives set by the Department of Health for 2013/14.

Recommendation(s): The Governing Body is asked to discuss and note the report and to identify areas where they require further assurance.
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Attachments: The Surrey Downs CCG Integrated Quality and Performance Report – November 2013
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Implications for wider governance

Quality and patient safety: The report extracts areas of progress, concerns and actions taken from SDCCG Clinical Quality and Patient Safety Report (November 2013) overseen by SDCCG Clinical Quality Committee.
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Patient and Public Engagement: The report has been discussed and scrutinised by the Patient and Public Engagement lay members on the Clinical Quality Committee
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Equality Duty: The CCG is committed to monitoring the compliance with the Equality duty of the providers from whom we commission services. This is done through the quality and contracting process.

Finance and resources: No implicit financial implications other than quality premium

Communications Plan: This document will be published on the CCG website
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Legal or compliance issues: This report is part of the CCGs overall compliance regime. Section 1 covers compliance in relation to safeguarding and section 4 CQC compliance
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Risk and Assurance: This report relates to a number of risks that have been identified on the risk register in relation to quality and patient safety. SD0025, SD0026, SD0042, SD0052, SD0059, SD0060, SD0061
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Surrey Downs CCG Clinical Quality and Patient Safety Report

Reporting Period: November 2013

1. Introduction

This report is to inform and provide assurance to the Governing Body about the quality and safety of service provision commissioned by NHS Surrey Downs CCG (SDCCG), including hosted services.

The report extracts areas of progress, concerns and actions taken from SDCCG Clinical Quality and Patient Safety Report (November 2013) overseen by SDCCG Clinical Quality Committee.

2. Systems and Processes

2.1. Risk Management

When risks in the quality and safety of commissioned services are identified, the risk is assessed and the detail added to the corporate risk register. This facilitates focus on the areas of highest risk and enables the quality team to prioritise its work across all CCG commissioned services.

The risk register is reviewed and updated monthly, including progress on risks under the auspices of the Surrey Downs Clinical Quality Committee (SD CQC), which are reviewed by the Head of Clinical Quality and Head of Corporate Services and Board Secretary.

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Risks that are being monitored as a priority are:

2.2. Healthcare Associated Infections

As reported in the Integrated Quality and Performance Report to the 7th November meeting of the SD CQC (September data), there continues to be an increased occurrence in the number of Health Associated Infections. Surrey Downs CCG is over the trajectory required to achieve the objectives set by the Department of Health for 2013/14.

Further detail is provided in Section 3.1 noting that October data was not available at the time of writing this report.

2.3. SECamb Performance

There continues to be lack of assurance around the performance of South East Coast Ambulance Trust (SECamb), particularly regarding the receipt of information which can be analysed at a local level resulting in the risk that the CCG may be unsighted on issues around patient safety and experience; and the delays in investigating from serious incidents resulting in an increased risk that learning is not being shared in a timely way.

At the September Governing Body meeting it was agreed that due to the high level of concern a separate risk around patient transport be added to the corporate register under the oversight of the CCG Contracting Team. Please refer to the Risk Management report for further information on how this risk is being managed.

As lead commissioners for performance management of the contract on behalf of the Surrey CCGs East Surrey CCG is working towards a more robust approach to scrutinising quality and performance by establishing local forum at which all CCGs would be represented.

Concerns about this the quality of the service were discussed again at the November meeting of the Clinical Quality Committee. The Committee noted the measures being taken by the CCG but agreed that a more robust approach was required to escalate the issues to the SECamb board.

2.4. Surrey and Borders Partnership Foundation NHS Trust (SaBPFT)

The Care Quality Commission (CQC) has published eight inspection reports following unannounced visits to a number of services provided by Surrey and

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Borders Partnership Foundation Trust. The inspections identified some significant and common concerns about each of the locations visited by the CQC. These included staffing levels at a number of sites which led the CQC to conclude that patients' needs were could not be met; there were also concerns about an institutional culture at a number of the sites with decisions being made about patients care without their involvement. Other concerns related to privacy and dignity with staff seeming to be unaware of the steps that they could take to protect this.

The Quality Team has addressed the concerns raised with the Lead Director at SABPFT and also with North East Hants and Farnham CCG as lead commissioner.

The Head of Quality has conducted a walk round at "The Meadows" which is in Epsom and talked to patients and staff there as part of the measures that the CCG is taking to make sure that SABPFT take action in addressing these concerns. The Quality Team will support the lead commissioner with visits to other sites.

Concerns at "The Meadows" had initially been raised via the adult safeguarding process which coincided with the CQC inspection. SABPFT action plans will therefore be subject to scrutiny at a strategy meeting later in November and the Surrey CCGs' adult safeguarding lead sits on the strategy group.

The CQC will be conducting further inspections as part of their new approach to inspection, at which they will expect the issues identified to have been addressed. The CCG will continue to hold both the Trust and the Lead Commissioner to account for measurable improvements in the quality and safety of the services that are delivered to our patients.

2.5. Other risks being managed include Safeguarding Children and Adults.

South Coast Audit is currently auditing a number of hosted arrangements across the Surrey CCGs and Safeguarding Children and Adults are included in this audit programme. It is anticipated that the outcome of these audits will contribute to the development of these services, and the arrangements that support them, into 2014/15. Meanwhile, the identified risks are being actively managed by the CCG Quality Leads and Safeguarding teams across Surrey.

3. Patient Safety

3.1. Infection Control – Key areas to note

The Department of Health sets an annual improvement objective for every organisation around Healthcare Associated Infections – particularly [Methicillin](#)-resistant Staphylococcus aureus (MRSA) bacteraemia and Clostridium Difficile.

A target of zero has been set for MRSA bacteraemia and maximum number of 73 cases of C. difficile for Surrey Downs CCG patients is the limit for 2013/14.

3.1.1. MRSA Bacteraemia

There were two MRSA bacteraemia affecting Surrey Downs CCG patients reported in September, one from Epsom and St Helier University Hospitals NHS Trust (ESUHT) and one from the Royal Surrey County Hospital (RSCH).

Both cases were subject to Post Infection Reviews to enable the root causes of the infections to be identified and learning shared both internally with the organisation concerned and externally across the wider health economy.

The Post Infection Review carried out at ESUHT revealed that an infected intravenous site was likely to be the source of the infection in this patient. A Trust action plan is in place and being monitored with the support of the Infection Prevention Lead who supports the CCG.

The Post Infection Review carried out at RSCH showed that the clinical care including prescribing had been appropriate. However, delayed MRSA screening meant that it was impossible to ascertain whether the patient was admitted with MRSA colonisation or whether it was acquired in RSCH. All procedures were recorded appropriately but assurance is needed from RSCH that delayed MRSA screening is not the norm in the clinical area where this patient was being cared for or across the organisation. Guildford and Waverley CCG as lead commissioners are following this up with the Trust on our behalf.

This means that the total for the first half of the year for MRSA Bacteraemia for Surrey Downs patients is three. The expectation from the Department of Health is zero for 2013-14. The Quality Team will continue to monitor performance and will seek assurance on completion of agreed action plans.

3.1.2. C. Difficile

In the first half of 2013-14, Surrey Downs CCG has had a total of forty nine C. difficile cases – 19 acute and 30 non-acute cases - against a Department of Health objective of 73 cases. This puts the CCG in danger of exceeding this objective.

Across the whole of Surrey, there are a number of Trusts who have already exceeded their 2013/14 objective as detailed in Table 1 overleaf.

Acute Trusts	Total Apr – Sep 2012	Total April – Sep 2013	DH Objective 2013-14
Ashford and St Peter's (ASPH)	9	4 (G)	13
Frimley Park (FPH)	4	9 (R)	8
Royal Surrey County (RSCH)	10	16 (R)	14
Surrey and Sussex (SASH)	12	16 (A)	31
Epsom and St Helier (ESHUT)	39	18 (G)	47
Kingston (KHT)	10	15 (R)	15

Table 1: to show the six month position for C. Difficile cases reported in in Surrey Acute Trusts

Actions to date and on - going work:

- A review of organisational improvement plans through Clinical Quality Review Meetings to gain assurance that agreed measures are being implemented.

- Working with the medicines management team to identify root causes and themes in community acquired cases to share learning across the health economy
- Further work with practices to reduce antibiotic prescribing further, using antibiotic awareness day in November to raise public awareness

3.2. Serious Incidents Requiring Investigation (SIRI) and Never Events

Work continues by the Quality Leads across Surrey in conjunction with CSU South and CSU South London to review and redesign the current, Surrey-wide, model for scrutiny and closure of SIRIs and monitoring of action plans. A paper proposing movement to local processes with providers will be taken to the Surrey CCG Collaborative in November with a view to, if this is agreed, starting the new process in January 2014. In acknowledgement of the value of a Surrey-wide view, the proposal will recommend that six monthly learning events are held so that trends and lessons learnt continue to be shared across the whole health economy.

Key Areas to Note

3.2.1. CSH Surrey

In September 2013, CSH Surrey submitted five reports for closure and each was closed. Generally, the credibility and consistency of reports submitted by CSH Surrey has been commended by the pan-Surrey Patient Safety Assurance Group panel and no reports have been returned for further work.

Core themes emerging within reports in the year to date include communication within District Nursing Teams (handovers and note taking) and a need for an emphasis on holistic risk assessment (for tissue viability risks) even when non-intimate care is being delivered. An aggregated investigation into events that led to a proactive ward closure decision identified leadership issues and has led to a detailed action plan that is being monitored.

3.2.2. Surrey and Borders Partnership NHS Foundation Trust

Surrey and Borders Partnership Trust has a significant backlog of pre-April 2013 reports that they are addressing whilst working to a quality improvement programme (CQUIN) for reporting timescale adherence in year.

The majority of reports submitted to the Surrey CCGs Patient Safety Assurance Group concern the unexpected death of individuals known to their services and this theme and the management of SIRIs by SABFT has been reviewed through an independent expert, commissioned by North East Hampshire & Farnham CCG as the lead commissioner.

This concluded that SABP are moving in the right direction in terms of developing their own investigations processes and learning the lessons from SIRIs. Since 2011 they have reorganised the way in which they approach the management of SIRIs.

Whilst the number of SIRIs may appear to be higher than other local Trusts it was recognised within the review that SABP are accurate reporters in line with national recommendations and not an outlier compared to similar Trusts.

However, the Surrey Patient Safety Assurance Group, of which the Surrey Downs CCG Quality Leads are a part, has requested particular information and additional assurances from Surrey and Borders before recommending the closure of some SIRIs that consequently remain on-going. These assurances relate to use of risk assessment, especially falls risk assessment and decision making around patient leave.

4. Patient Experience

4.1. Patient Advice and Liaison Service (PALS)

During quarter 2 (July to September 2013) Surrey Downs CCG received 80 PALS queries. This is an increase of 38 on the last quarter between April and June 2013. Although this is a significant increase, 30 of these queries related to the expiry of the EDICS contract. The majority of these queries were requests for further information or specific queries about future care and future appointments. The service worked closely with the providers that have taken on the hosting arrangements to ensure all queries and issues were quickly resolved. Some providers such as Epsom and St Helier set up dedicated patient helplines to respond to any queries from patients and members of the public transferred to Epsom and these are still operational.

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The majority of queries regarding the NHS Funded Healthcare Service were in relation to retrospective reviews, requesting either a status update on a claim or questioning the timeframe for an outcome. An increasing number of queries are also now being made by MPs on behalf of their constituents. Due to the complexity of NHS Funded Healthcare, in many cases these queries are more complex and require investigation on an individual basis and a written response.

Further trends identified included a slight increase in the number of PALS contacts relating to GP surgeries. Generally these are referred to NHS England as the lead commissioner for core primary care services. The service has also received a number of queries for access to medical records. As a result the CCG will be providing information on our website to inform members of the public about the process for obtaining records.

The Patient Experience Service is beginning to work more closely with the quality team through regular meetings to review feedback received by patients and the public. This will ensure that intelligence from both teams is brought together and quality issues can be raised with individual services and information used to support future commissioning decisions. The first meeting has taken place and key actions resulting from this include the PALS service liaising with local provider PALS and complaints teams to obtain complaints trend data, which will provide us with a fuller picture of patient experience in the area.

4.2. PLACE Assessments

The first Patient-led assessments of the care environment (PLACE) have been carried out and the results made public. PLACE is a new system for assessing the quality of the patient environment and applies to hospitals, hospices and treatment centres providing NHS funded care.

There are no set achievement targets for PLACE, but the criteria within the assessments do represent aspects of care which patients and the public have identified as important.

The assessments are carried out by teams which include local people and they assess how the environment supports privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and not on clinical care provision.

The four CSH Surrey (community services) sites were all found to be below average in the four categories inspected. Their action plan to address the issues will be monitored at contract meetings.

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Host Commissioner CCGs will be monitoring their Trusts for assurance around the issues identified by the inspections and the action plans to address areas where the results fall below average. Surrey Downs CCG will be monitoring the action plans produced by CSH Surrey in respect of premises they operate from.

Assessment results can be found on the Health and Social Care Information website.

<http://www.hscic.gov.uk/article/3448/Hospital-assessment-first-results-published-from-new-patient-led-programme>

4.3. Mixed Sex Accommodation Breaches

There were no breaches in September and October

5. Governance of Providers

5.1. Commissioner 'Walk Arounds'

5.1.1. Kingston Hospital

A Commissioner 'Walk Around' has taken place at Kingston Hospital. This was arranged by Kingston CCG as lead commissioner and was attended by their Head of Quality, the Head of Quality for Surrey Downs CCG and Clinical Lead from Richmond CCG.

The walk round followed an Urgent Care pathway and included a visit through A&E, the Acute Assessment Unit and medical wards, Derwent and Blythe. There was opportunity to discuss the CQC inspection and the resulting action plan, staffing and environmental issues. It was a positive visit. Feedback has been given to Kingston Hospital about the visit by Kingston CCG.

5.1.2. Surrey and Borders Partnership Foundation NHS Trust (SaBPFT)

Following the receipt of some intelligence around the care being provided at The Meadows, a unit for older people which is provided by Surrey and Borders Partnership Foundation NHS Trust in Epsom, the Head of Clinical Quality visited the service to walk round and discuss the service with staff and patients. Since

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then, as described in Section 3.2.2, the CQC has published a number of reports which raise concerns about a number of common themes across all services visited.

During the visit, there were some examples of good care being given to the patients currently receiving services at this site but it is acknowledged that there are issues around the level of staffing and the ability to recruit to the unit. There are also some long-standing issues around culture and leadership which the Trust needs to address quickly.

SaBPFT has action plans in place and these will be monitored in conjunction with the lead commissioner, North East Hants and Farnham CCG and Surrey Adults Services. Progress will be reported to the CCG through the Clinical Quality Committee.

6. Care Quality Commission

6.1. New Inspection Regimes

The CCG Quality Leads attended a meeting with Care Quality Commission (CQC) managers in October. The purpose of this meeting was to further develop the relationships that have already been established through the joint working of the Quality Surveillance Group and to discuss the new inspection regimes of the CQC.

There was also discussion on how best to share intelligence in a more timely way particularly when the CQC has identified issues around patient safety during a visit. It was a useful first meeting and following this, the local CQC manager has been invited to attend a future Clinical Quality Committee meeting to give members of the committee an opportunity to ask questions about the new inspection regime and other issues.

6.2. Acute Trust Inspections

The CQC has published the first results of its work to monitor NHS Hospital Trusts. The 161 acute NHS trusts have been grouped into six bands based on the risk that people may not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest. Locally, Epsom and St Helier, Kingston Hospital, SaSH and St Georges Hospitals all received the highest rating – Band 6. The Royal Surrey Hospital at Guildford was banded at band 2 and has subsequently been inspected by the CQC under the new inspection regime. Guildford and Waverley

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CCG, as lead commissioners are working with the Trust to drive improvements in service delivery and care. Progress will be reported to Surrey Downs CCG through the Clinical Quality Committee.

The next wave of inspections under the new inspection regime has been announced and these will take place from January 2014. St Georges Healthcare NHS Trust and SW London and St George's Mental Health NHS Trust will be in this wave of inspections. No other Surrey or Sussex Trusts are on this list.

Further information can be found on the CQC website:

<http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

6.3. CSH Surrey Inspections

An unannounced inspection took place at Molesey Community Hospital on 28th October. CSH Surrey advised that initial feedback from the inspection is very positive. Publication of the report on the CQC website is anticipated by the end of November.

An unannounced inspection took place at Dorking Community Hospital on 13th November. Inspection of remaining CSH Surrey sites is anticipated by end of March 2014.

7. Recommendations

The Governing Body is asked to:

1. Discuss and note the report
2. Identify areas where further assurance is required

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